

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HIL HILLSIDE (0009760)

Address: 373 CHURCH ST, BURLINGTON, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095752 **End Date:** 10/05/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010010 Served 10/17/2005

Deficiencies Cited

83.13(5)(a)

83.53(3)(b)

Subject Area

INFECTION CONTROL PROGRAM

SWING DOORS ONE HAND AND ONE MOTION

Compliance
Verified

Corrected

Survey ID: 0092387 **End Date:** 03/15/2004 **Type:** OTHER **Purpose:** DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

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